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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)

21547-00268-US

In re Application of Lennart Carlsson, et al.

Application Number

09/509,869

Filed

April 3, 2000

For: ARRANGEMENT FOR OBTAINING RELIABLE ANCHORING OF
A THREADED IMPLANT IN BONE

Group Art Unit 3732

Examiner

N. Lucchesi

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/>	One month (37 CFR 1.17(a)(1))	\$	
<input checked="" type="checkbox"/>	Two months (37 CFR 1.17(a)(2))	\$	410.00
<input type="checkbox"/>	Three months (37 CFR 1.17(a)(3))	\$	
<input type="checkbox"/>	Four months (37 CFR 1.17(a)(4))	\$	
<input type="checkbox"/>	Five months (37 CFR 1.17(a)(5))	\$	

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 22-0185

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

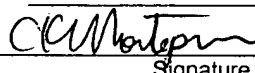
☒ attorney or agent of record.

☐ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) _____

January 23, 2003

Date



Signature

C. Keith Montgomery

Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ 1 forms are submitted.

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